



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90047 002 \*\*\*150.00

<b>DOCUMENT # F04000002901</b> 1. Entity Name <b>MARKAN GLOBAL ENTERPRISES INC.</b>					
Principal Place of Business <b>685 WASHINGTON STREET</b> <b>HACKETTSTOWN, NJ 07840-2231</b>			Mailing Address <b>685 WASHINGTON STREET</b> <b>HACKETTSTOWN, NJ 07840-2231</b>		
2. Principal Place of Business <b>435 Route 57</b> Suite, Apt. #, etc.		3. Mailing Address <b>435 Route 57</b> Suite, Apt. #, etc.			
City & State <b>Port Murray NJ</b>		City & State <b>Port Murray NJ</b>		4. FEI Number <b>22-3117568</b>	
Zip <b>07865</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BLISS, JEFFREY</b> <b>1218 WINDMILL POINT ROAD</b> <b>PALM HARBOR, FL 34685</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Jeffrey Bliss</i></u> <span style="float: right;">1-31-05</span> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARMA, KANWAR <input type="checkbox"/> Delete 51 HOAGLAND ROAD BLAIRSTOWN, NJ 07825			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blairstown, NJ 07825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHARMA, RALPH <input type="checkbox"/> Delete 51 HOAGLAND ROAD BLAIRSTOWN, NJ 07825			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blairstown, NJ 07825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHARMA, MARLENE <input type="checkbox"/> Delete 51 HOAGLAND ROAD BLAIRSTOWN, NJ 07825			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blairstown, NJ 07825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Ch. Sharma</i></u> <span style="float: right;">1/21/05 908-835-9008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					